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B21067 1B

VOL. VIII. FEBRUARY, 1899. NO. 2.

MINNEAPOLIS HOMŒOPATHIC MAGAZINE

HENRY C. ALDRICH, M. D.,
Editor.

PUBLISHED MONTHLY BY THE

MAGAZINE PUBLISHING CO.,

MEDICAL BLOCK,

$1.00 A YEAR IN ADVANCE. MINNEAPOLIS, MINNESOTA

Entered at Minneapolis P. O., as second class matter.

HOMOEOPATHIC COLLEGES AND MANUFACTURERS

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ORIGINAL ARTICLES.

INFANTILE SCURVY.

B. H. OGDEN, M. D.
ST. PAUL.

Scorbutus or scurvy, is distinctly a disease of faulty nutrition. More than any other, unless perhaps rickets, does scurvy have its origin solely in some error of feeding. We are apt to think of it as peculiar to seamen or arctic explorers who are compelled to live for a long period on canned goods and salted meats, never for a moment thinking of it as existing among the children of our "better class" population. Yet such is the truth, and it has been my experience during the last few years to meet with a dozen cases of scurvy in children under two years of age, nearly all of whom were of the "upper ten". It is a condition very frequently unrecognized and it is mainly with the intention of bringing before you this fact that I have chosen this subject. The disease is easily recognized, but because of certain symptoms, and the fact that we have not thought of this condition as existing among our children, is very often thought to be rheumatism, or hip joint disease, or paralysis, or possibly rickets or ostitis. Again almost no disease responds so rapidly to the proper treatment when early recognized, yet death is not an uncommon result of

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an unrecognized scorbutus; hence the importance of this subject.

Infantile scurvy usually appears between the sixth and twentieth months in children who are fed upon some of the proprietary foods even when cows milk has been a part of the food. The most marked case I have had was using milk and Mellin's food. Another, malted milk. Another, and the most difficult to cure was taking condensed milk and Mellin's food. I do not mean to condemn these foods, for I have had many children do well upon them, but this is one of the dangers of their use and must be borne in mind. Personally I have never seen a case resulting from the use of pasteurized or sterilized milk alone, though cases have been reported in which milk sterilized for a long period at a high temperature, was thought to be the cause. I never saw scurvy in a nursing child, though a few cases have been reported among children whose surroundings were bad and mothers' poorly fed.

It is therefore evident as was stated at the beginning, that this is distinctly a food disease; and as Dr. Holt says in his admirable work, "Clinical experience is overwhelming in support of the view that it is the proprietary infant foods which are most certain to produce scurvy, especially when they form the exclusive diet". The symptoms vary according to the intensity and extent of the disease. That which I have generally first noticed is a hyperæsthesia or soreness of the legs appearing to be sometimes in the hip or the knee. The child will not move the legs, and appears to be in great pain when carried or moved in anyway, hence the supposition of rheumatism. I never saw a case of rheumatism in a child under two years of age. It certainly is a *very rare* condition. I believe most cases of so called rheumatism in children under two years of age, are really mild forms of scurvy which could be cured in two weeks under proper treatment, and yet I have heard mother's tell of their babies suffering "all one summer with rheumatism".

But to return, as the case progresses there usually appears a swelling, possibly ecchymoses about the ankle or

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knee, less frequently of the wrists and elbows, somewhat resembling rickets, but the greater pain and discolorations will serve to distinguish, as in the latter there are no ecchymoses and but little pain. The gums, later become swollen and bleed easily, and sometimes cover the teeth. There is marked tendency to hemorrhage, and nose bleed or bleeding from the stomach, bowels, or kidneys are among the later and more serious symptoms, and result in a general cachexia and anæmia with rapid wasting and death from exhaustion. Such may be the sad ending of a case which, when early recognized, can certainly be cured in two or three weeks, and usually within three days the pain and soreness disappears and marked improvement is noticed.

From what I have said it is evident that change of food forms the most prominent part of the treatment, and the directions are wonderfully simple. I am reminded of a man who went to his physician complaining of some bowel trouble which never appeared except when he ate eggs. I believe his physician advised him not to eat eggs. So here, *stop* the food which disagrees, discontinues all proprietary foods; give fresh cow's milk, some beef juice, and especially *orange juice* Usually the child will be ravenously fond of this, as also of potato which can be given after the child is a year old. This treatment is, in most cases, all that is required, and all that the old school gives; but we have a few remedies which ought to be helpful in the severest cases at least. Arnica is, I think, a neglected remedy, the marked soreness and the ecchymoses, and even the cachexia are all good indications for its use. Arsenicum is also indicated for the cachexia.

Mercurius has decided symptoms for the disturbances of the gums and periosteum. Lachesis, crotalus, and phosphorus are excellent remedies for the hemorrhagic symptoms.

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SOME UNUSUAL CASES OF HYDROCELE

RALPH ST. J. PERRY, M. D.,
FARMINGTON, MINN.

By way of preliminary it should be stated that the majority of the cases reported in this paper, came under my observation while in charge of a series of medical mission hospitals, located in Sierra Leone, Liberia and Lagos,—that part of West Africa lying just south of the Kong Mountains and commonly known as the Guinea Coast. Naturally most of the patients were negroes,though several of the cases operated on in the United States were Caucasians. As we seldom see a hydrocele in this country containing over eight ounces of fluid, we may consider the nineteen cases here presented as unusual in the amount of fluid contained in the sac, and also because of the complications presented by some of them.

TABLE OF HYDROCELES.

NO.	AMT. FLUID.	DURATION.	AGE.	NATIVITY.
1	10 ounces	2 years	30 years	Whooras.
2	12 "	5 "	35 "	Bassar.
3	12 "	2 "	50 "	Vey.
4	12 "	3 "	40 "	Kosso.
5	14 "	20 "	58 "	English.
6	18 "	3 "	30 "	U. S. A.
7	18 "	5 "	60 "	Kosso.
8	20 "	3 "	45 "	U. S. A.
9	26 "	3 "	35 "	Vey.
10	30 "	2 "	25 "	Vey.
11	30 "	4 "	45 "	U. S. A.
12	36 "	3 "	30 "	Pessey.
13	40 "	5 "	35 "	Kosso.
14	45 "	5 "	40 "	Congo.
15	46½ "	7 "	33 "	U. S. A.
16	46½ "	4 "	60 "	Vey.
17	61 "	20 "	76 "	U. S. A.
18	62 "	6 "	50 "	Congo.
19	73½ "	10 "	45 "	Vey.

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The first of these cases to come to me was of twenty years standing and presented at the lower left hand corner a point where the inner coats of the hydrocele had ruptured and a portion of the fluid had escaped into the fascia forming a pocket as large as an orange. Upon tapping the sac sixty-one ounces of fluid was removed; half an ounce of Tr. Iodine (U. S. P) was injected and thoroughly rubbed about the membrane of the sac, including the pocket at the point of rupture. In about a week all inflammation had subsided and in the course of a few months most of the redundant tissue had disappeared. All of the other cases presented were treated in the same manner, and in only one of them was it necessary to make a second operation.

While this table shows that the size of a hydrocele does not always conform to its age, it does give us some idea of what may be considered a fair estimate of the growth of the tumor. Ten ounces may be taken as an average size for a two year old hydrocele and fifteen ounces for a three year old case. When a hydrocele contains fifteen ounces of fluid it becomes a hindrance and is the victim of much jostling and many bruises, and so becomes the seat of a low inflammation which causes the sac to fill more rapidly than before. Of course the habits of the patient have a great deal to do with the development of the case; a man of active habits or occupation being more apt to have a large hydrocele than a patient of sedentary life. I have operated on cases of five and six years standing where only five or six ounces of fluid were drained off, but the patients were men of decidedly sedentary habits, who carefully nursed their hydroceles. Against such cases as these contrast case No. 10 in the above table,—a young man twenty-five years of age, the husband of three wives, and of very active habits, who managed to accumulate thirty ounces of fluid in two years time.

Two cases were complicated with inguinal rupture of the same side with the hydrocele; both cases were tapped, injected with Tr. Iodine and allowed to inflame without any special protection being made for the hernia. No disturb-

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ance of the intestines was noticed in either case and in one case the hernia disappeared with the hydrocele. In only one case was any blood found in the fluid, though nearly all had been subject to frequent bruises of more or less severity. Four of the cases presented were double and in two of these both sides were operated on at one sitting. The other two were operated upon singly because of the nervousness of the patients. In only one case was it found necessary to use an anæsthetic and only one patient fainted during the operation. Two cases were complicated with elephantiasis of the scrotum and one with hernia and elephantiasis; all were successfully treated. One of the cases involved with elephatiasis contained seventy-three and one-half ounces of fluid, and after adhesion of the walls of the sac had been secured the redundant elephantiasic portion of the scrotum was amputated.

During the course of practice in West Africa two cases came under my care which presented interesting evidence of the crude methods which can be resorted to by the ignorant and desperate to get rid of troubles. One man had shot a hole through his hydrocele with a revolver and then squeezed the fluid through the perforations; the other man punched a hole in the sac with a piece of brass wire, forced a rice straw into the cavity and drained the fluid off. Naturally both of these cases refilled but were easily cured by injecting tr. idione after being properly tapped. I have heard of several cases which were cut open with a knife and allowed to heal by granulation, but never saw one.

RAMBLING THOUGHTS OF A COUNTRY OBSTETRICIAN.

C. S. PUTNAM, M. D.,
CASSELTON, N. D.

During these troublous times it is a difficult matter to fix one's thoughts on strictly theoretical and technical matter, but the every day practical work of the profession demands

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our attention and compells thought and study. It is not with any idea of calling the attention of the profession to any new developments in this branch of the healing art that this paper is prepared, but rather to emphasise certain methods which have suited my ideas of the "eternal fitness of things" in obstetrics.

I believe there is a great deal of "meddlesome midwifery" rampant in this country. I meet with it in country work, almost every old woman is sure she is a midwife ordained from above to assist in carrying out God's great plan of multiplying and replenishing the earth. And such barbarity as I have witnessed at their hands. In one case a single wire from a piece of barbed-wire fence was pushed up the vagina with the expectation of pushing it around the child's head, and then to be used in making traction to assist delivery of a medium sized head in well a developed muscular healthy young woman. Said wire went through vaginal septum into the bladder, and I had the pleasure of repairing a vagino-vesical fistula in a south room of a farm house, on a hot July day. Pass a fan, please, at the thought.

I have seen old rags, brought in from a woodshed, used to place under a woman in confinement and even used as a tampan in a too active hemorrhage. Shades of Hahnemann and the more modern apostles of asepticism defend us, but it makes my own blood struggle to escape as I write.

Every case of puerperal septicæmia I have ever been called upon to treat, has been the result of this meddlesome midwifery. Would that some action might be taken to prevent these atrocities. Would that our laws might be so framed as to make it a crime to subject two lives to such danger. Truth travels slowly and aseptic midwifery is unknown in the country districts. I have only recently been laughed at by a so-called midwife for insisting on placing a woman about to be confined in an aseptic condition and using a sterilizing solution for my own hands.

Speaking of septicæmia—what do I do in such cases? Use a Frische's double canula intra-uterine douche tube with

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a strong solution of kali permang., a teaspoonful to three quarts of water. I have seen this procedure alone, bring down the temperature like magic. If following a miscarriage or abortion, I curette thoroughly before using the permanganate solution. Internally, verat. vir. and ars. have been my main stays.

I have within the past two years run into an epidemic, if I may use the term, of ruptured perinei. I recently performed a perineorrhapy for a young woman with large, roomy pelvis; a woman in perfect health before confinement. who was subjected to the brutality of an instrumental delivery without anæsthetics, and the perineum ripped open clear through the sphincter ani and left to recover as best she might. This case and the many others I have met with suggests a thought or two on the care of the perineum in labor. I am not quite false enough to assert that I never had a case of rupture of the perineal body in my own obstetrical practice, for I have seen cases of tissue-paper perineal muscles snap in spite of me, but I have been fortunate in having very few, and none in recent years. I do not consider the support of the perineum meddlesome not if done under antiseptic conditions. As the advancing head begins to follow the sacral curve and bulge the floor, I insert one or two fingers within the vulva posteriorly and by a side to side outward and downward movement stretch out and tire out the perineal muscles. Then as the head comes under the arch and the perineum bulges in a marked degree, I insert the forefinger within the rectum and hooking it against the forehead I press the head well up against the pubic arch, and with the thumb on one side and palm and fingers on the other, outside of the perineum, I support that body and at the same time have perfect control of the head. In this way I can hold back the head until I feel confident that I have secured a well dilated and relaxed outlet. The head emerges over and into my hand. Following the usual care of the mouth of the child, I prepare for the next step which to my mind is as important as the one preceding; the delivery of the aftercoming shoulders. I

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belive more perineal ruptures are caused by the shoulders than by the head. I support the perineum for the delivery of the shoulders in exactly the same way as for the head. The thought naturally suggests itself—is not this massage of the perineum painful to the woman—No, for the woman is under the influence of chloroform all this while. I will speak of this later. One thing more in reference to the perineum. Having delivered the child, and secured the placenta, found the uterus contracting nicely, and the woman in a normal condition, I again thoroughly sterilize my hands, and by touch, and usually by visual demonstration, thoroughly satisfy myself that I have no abnormal rupture of the perineum. Should I find such a condition, I would immediately repair the rent, using chromatized sheep-gut subcutaneously. I believe an obstetrician is criminally negligent who allows a ruptured perineum to go unrepaired many hours after parturition. If the obstetrician was "onto his job" as they say, the gynecologist would not have to donate much time to the discussion of the relative merits of the Emmet and Tait perineorrhaphies. If we can't prevent the laceration, let us at least cover up our failures by immediately repairing those we do have.

I have alluded to the use of chloroform, and let me give another thought growing out of my fifteen years experience. I left college prejudiced against the use of chloroform in labor. Not long after graduation I chanced to read an article by an old practitioner describing what he termed obstetrical anæsthesia. I tried it and have used it in every case since. Using the Esmarch mask, I begin the inhalation of a few drops of chloroform at the end of the first stage or near it. I continually ask the woman some question, trivial perhaps, but admitting an answer. When she can't answer my questions intelligently, I cease the administration of the chloroform. I keep her in this way on the border land of unconciousness for the balance of the labor, or at least until the child is delivered. This accomplishes several things. First, it is a comfort to the woman. It does not hinder contractions, except perhaps at the very

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commencement of the inhalation. In fact with the lessening of the sharp pains, the expulsive force becomes greater and the labor progresses more rapidly. Again, it allows me to use my perineal message without causing the woman suffering, and also gives to her a certain control over the expulsive force so that as the head is about to emerge through the outlet, I can tell her to hold back the child and not by strong force tear through the muscles. I believe this quiet use of chloroform will lessen shock, and the woman be in a much better condition nervously than without it. The moment the child is born, the chloroform is stopped and the woman is herself once more. There has never been any nausea following its use, and I do not believe this use of chloroform will have any tendency to cause post partum hemorrhage. Another reason for using chloroform is this—a secondary consideration to be sure—it will increase our obstetric practice and add money to our bank account. Many are the women who have raised up and called me blessed and spread good reports about my work—and you know that what a recently confined woman says "goes."

Another rambling thought ambles my way. It has been my misfortune to have my heart lodge in my posterior nares several times on discovering that dread monster of obstetrical practice, post partum hemorrhage. There is no condition in the medical field that will make a man wish he was a farmer quite so ardently as this same hemorrhagic flood, and our text books are full of expedients to be tried while the patient dies before our eyes. I have been disgusted many times at this expression, "try so and so, and if that does not stop the flow use something else" etc. Our text books are loaded with uncertainty of procedure, when to my mind the situation, while grave, is easily under our control. Compare the obvious duty in this case with the parallel obvious duty in ordinary surgery. A man's leg is cut of by a circular saw. Blood spurts from numerous arterial mouths and a few moments delay means death to the man. Are the directions to spray with hot water, tampon

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the bleeding arteries, smear over with perchloride of iron, use ice, use cold water, pour cold water from a height, pick up each artery and ligate, etc? Surely not! While we are getting ready the patient has already got home in glory. What does the surgeon do first? Simply compresses the main arterial trunk and then cooly and deliberately completes his work, never relaxing his pressure until each severed artery is securely ligated. What is the condition in post partum hemorrhage? A relaxed and flabby uterus has left the ends of the arteries within open and pouring out blood. A buzz saw, as it were, has amputated the placenta from the uterine walls. What can we do? What does surgery and common sense compel us to do? The abdominal walls are relaxed and flaccid; the lumbar vertebræ are rigid and unyielding and lying in front of this firm background, slightly to the left of the median line is the main artery, the abdominal aorta. Every obstetrician carries a fist—and there you are. What more rational and sure than to apply firm pressure over the aorta against the lumbar spine and then leisurely and cooly apply the well-known expedients to secure the contraction of the flaccid uterus. With the other hand disengaged and sterilized, the clots can be removed, pressure applied to the uterine fundus; cold can be applied over the hysterically lazy organ, ergot can be hypodermically injected and the uterus compelled to resume its tone and ligate in nature's way, the ends of the severed arteries. As the uterus contracts the pressure can be gradualty removed from the aorta, watching for renewed hemorrhage, with the obstetrician always master of the situation. I have used this expedient and testify whereof I know.

My thought ceases to ramble further in this domain.

SEXUAL NEURASTHENIA.

E. HUBBELL, M. D.,
ST. PAUL, MINN.

Sexual neurasthenia or exhaustion is not a well defined disease based on etiological factors, but is manifested by

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an array of symptoms that are pretty constant and which we must recognize. Some writers doubt the existence of neurasthenia, while others have covered a multitude of sins under this term. Some have maintained that sexual neurasthenia was due to anæmia, mental and physical overwork; debilitating diseases, as fevers, syphilis, thus reflecting weakness upon the sexual apparatus, resulting in sexual debility, inability and apathy.

This condition should not, however, be classed as sexual neurasthenia. The sexual debility being the result of these diseases and not the prime cause. The debility resulting from diseases of the sexual apparatus may properly be termed sexual neurasthenia. Sexual excesses, prolonged coitus, long continued erethism with unsatisfied desire, conjugal onanism, withdrawals and masturbation often induce sexual neurasthenia and it quite generally occurs in young and middle aged men who have had anterior or posterior gonorrhœa; chronic prostatitis (from gonorrhœa or masturbation), inflammation of seminal vesicles, differential ampulations or rectal diseases, and in women from adherent hood of clitoris, irritable hymen, inflammation of uterine canal, tubes or ovaries. It is my belief that the chief etiological factor in sexual neurasthenia is an irritation of the peripheral nerve fibres of the sexual system. The neurasthenia manifesting itself after the irritation has congested or inflamed the parts, till at last the fires of irritation are waning or have died away to an atrophy, the long continued irritation having exhausted the nerve force, hence sexual neurasthenia. When the fever has turned, then comes the exhaustion. It is just at this point, after the long continued irritation has turned, that the symptoms of neurasthenia appear, and continue to increase, till atrophy has supervened, when the worst forms of the trouble exist. That sexual neurasthenia is solely due to mental causes, as some writers maintain, seems highly improbable, as local measures to restore the tone of the sexual apparatus will invariably remove the mental distress.

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SYMPTOMS.

The first manifestation is usually a dull aching in the occiput, which may extend over the whole head, causing a sense of constriction which is usually worse in the morning, after a restless night; patient feels as if he had been dissipating; is more tired than before retiring. The appetite becomes capricious or lost, bowels usually constipated, he has a tired, jaded, haggard expression. Mental or physical effort is very tiresome or even irksome so that he must drive himself to work. The memory becomes weak or defective, the disposition altered; worries over trifles, is irritable, gloomy and feels prematurely old, often indulges in tears or suicidal thoughts, even to the act of suicide. Sleep much disturbed, often lying awake night after night. He complains of a thousand symptoms and yet is not really sick. He is around attending to his duties, but usually in an indifferent way. Some seem fairly well nourished, in good flesh and fair color, yet will surprise the physician with the wealth of symptoms he can relate. He usually carries the stigma of his nervous trouble in his face. With each visit to the surgeon's office he will have a long list of symptoms to relate that he has not thought of before and which you hope he will not think of again. He complains of twinges of pain in the head, spine, back, extremities, the heart or lungs, and in fact everywhere. The extremities are usually cold and clammy, has hot flashes, weak faint feelings; imagines he has "cancer," "consumption," "heart disease"; has "difficulty of breathing" (sexual asthma), "night sweats," etc. Of course the chief center of these morbid thoughts are upon the sexual apparatus, such as lost manhood, incompetence, weakness, shriveled, cold, relaxed organs; with losses, premature ejaculations, etc.

DIAGNOSIS.

It is important to determine if the morbid condition, originated in the sexual sphere or was caused by opium, cocaine, alcoholism, etc. It is also highly important that the surgeon be thoroughly acquainted with normal as well as

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morbid anatomical and physiological conditions of the sexual apparatus, so as to properly interpret their relation to the array of symptoms.

PROGNOSIS.

As a rule, a favorable prognosis may be given, though it may require months, or even years to effect a cure on account of its chronicity. It seldom leads to death except occasionally by suicide. In inherited neurasthenia and hypocondriacal cases the cure will be much delayed. A cure will result in three to twelve months in most cases.

TREATMENT.

The mind is so centered on the sexual organs and functions that the treatment must necessarily be directed to these organs, which in truth, are at fault, and, thereby, with judicious treatment produce a favorable impression on the patient. It is well to outline the treatment, the time required, incidents, the ups and downs and get a complete surrender, and compliance to the physician's best judgment of treatment or he will become discouraged, want to dictate the treatment or desert you, giving you anything but a valuable reputation. If he has had gonorrhœa and there is prostatic trouble, you will be very apt to set up the old "discharge" and unless you have prepared him for this he may severely censure you. All around orificial work should be done when needed, so as to remove the peripheral nerve irritation, whether caused by congestion, inflammation or atrophy. Then, follow with hot sounds, in irritable urethræ, every four days to two weeks, till irritation is removed. In atonic conditions use of cold, or hot and cold sounds are beneficial, supplemented by galvanic and faradic electricity. Where such prostatic inflammation exists, or is aroused by passage of sounds, the rectal dilator filled with hot water and inserted into the rectum for twenty or thirty minutes each day will give most satisfactory results. The hard rubber dilators are preferrable for this work because greater heat can be maintained for a longer period than by metal or other dilator, as hard rubber transmits heat slowly.

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Where there is atrophy or great weakness of prostate and vesiculæ seminales, cold, or heat and cold in alternation, will be serviceable.

HYGIENE.

Surroundings, conditions, habits, business, family relations, associates, all need the careful attention of the physician. Congenial, cheerful companionship are very necessary, as he is very liable to brood over his trouble if left much alone, and this has a depressing effect on the general system. The physician should note all the improvements and thoroughly impress them on the patient's mind, in fact cheer him up by giving cheerful wholesome advice. Endeavor to impress him with the idea that life is for a nobler, better purpose than the gratification of lustful, sexual propensities; that sensual habits must be corrected.

Stimulants, as coffee, tea, tobacco, opiates, alcohol, etc., should be strictly interdicted, and a plain, easily digested nutritious diet established. A cup of hot hop tea at bed time will be found beneficial to the sleepless, giving refreshing sleep, increasing appetite and aiding digestion.

Rest from exacting indoor mental work and worry is necessary. Sea bathing, cold and hot sponge baths with friction are useful aids; also massage, out door exercise, hunting, fishing, swimming, etc.

Such remedies as phos., ac., phos. kali carb., conium, nux v., passiflora, saw palmeto., puls., iod., thuj. and iod. hyd., and others as suggested by symptoms, may render some service. Some of these remedies seem to give better results in the higher potencies.

Much patience, tact, skill, discrimination and perseverance are necessary to conduct sexual neurasthenics back to health, vigor and peace of mind.

HUMAN DIGESTION EXPERIMENTS.

HARRY SNIDER,
ST. ANTHONY PARK, MINNESOTA.
CHEMIST, UNIVERSITY OF MINNESOTA AGRICULTURAL EXPERIMENT STATION.

In chemical and medical periodicals, figures are frequently met with, giving the digestibility of the various

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compounds of foods. Before accepting these figures as correct, or as substantially correct, we naturally ask the question, how are they obtained, and are the methods employed in obtaining these results sufficiently accurate to warrant our accepting them? I will briefly describe how a human digestion experiment is made, and leave you to decide to what extent you wish to accept the results.

Suppose it is desired to obtain the digestibility of bread. A healthy individual is taken for the experiment and is fed on a diet consisting largely of bread. A ration is selected that will practically maintain the body. First, a preliminary ration is tried. One consisting of a pound and a half of bread, an ounce and a half of butter and four eggs per day, would be a satisfactory one to begin with. A definite amount of work varying with the object in view is usually required of the individual. If the ration is found to work well after a few days, that is if the weight of the body is about evenly maintained, and there are no indications of hunger or of over feeding then the experiment proper is begun.

A charcoal capsule is given with one of the meals, the object being to mark the beginning of the experiment by imparting a distinct color to the feces. At the close of the experiment, another capsule is given. All of the feces which are produced during the interval marked by the charcoal capsules, are collected on porcelain dishes, weighed and prepared for analysis.

There is consumed during the experiment, a given weight of food of known composition, and there are produced known amounts of solid and liquid excrements from the food consumed. The body is charged with a certain amount of food and is credited with a certain amount as being digested. Theoretically the plan is correct. The body is regarded as a machine. It has consumed a certain amount of food, and has returned a certain amount of indigestible material. In the ration proposed, the pound and a half of bread contains a little over half a pound of water, and about .95 pounds of dry matter. The butter and eggs contain .30

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of a pound of dry matter. The body is supplied with about one and one-fourth pounds of dry matter per day. When all of the water is removed from the feces for one day, there remains about 1.1 ounces of dry matter. In bulk, however, the proportion is entirely different, as the excrement contains from 75 to 80 per cent or more of water. Then for every pound and a quarter of food consumed on a dry basis, about .07 pounds are returned in the solid excrement. The feces contain small amounts of digested products which are difficult to separate from the indigestible matter. If all of solid excrements represent indigestible matter, then 95 per cent of the dry matter of the ration was digested. It is not safe to conclude however, that 95 per cent of the dry matter of the bread was digested, because bread, butter, and eggs are not all equally digested. Eggs and butter are about 97 per cent digestible, and inasmuch as they constitute nearly a third of the ration, the digestibility of the bread would be about 94 per cent. The presence of the biliary products in the feces, and other factors, introduces an uncontrolable error of about two per cent. Hence in interpreting digestive experiments, it is safe to allow two per cent for uncontrolable experimental errors.

The dry matter of the bread is 94 per cent digestible. 94 per cent. is the digestive co-efficient for the dry matter of the bread. It does not follow that all of the nutrients of bread are 94 per cent. digestible. Each separate compound of a food has its own digestive co-efficient. The dry matter of bread is composed mainly of starch, and protect bodies with smaller amounts of ash, fat, dextrine, etc. The chart gives the record for a three days digestive experiment. Under the head of foods used, are given the percentage amounts of the three principal nutrients. Under the head of daily ration, is given the amount of total food consumed per day, and the amounts of the principle nutrients. The bread constituted the bulk of the ration and supplied all of the carbohydrates. The butter supplied the large part of fat. The ration contained .25 pounds of fat, .23 pounds protein, and .85 pounds of carbohydrates. Such a ration is

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usually considered as a maintenance ration. Under the food balance, is brought together the total amount of the three principle food nutrients and the corresponding amounts present in the feces. Allowing for average digestibility of the butter and eggs, it will be observed that the larger portion of the indigestible matter is the feces that comes from the bread. The dry matter of the bread is found to be 94 per cent digestible. The fat is 87 per cent digestible, while the protein is 86 per cent and the carbohydrates or starch are nearly 98 per cent.

A HUMAN DIGESTION EXPERIMENT.

Composition of foods used.	Flour per cent	Bread per cent.	Butter per cent.	Eggs per cent.
Water	12.36	32.8	10.87	74.22
Ash	.51	.62		.92
Fat	1.62	3.53	87.10	9.88
Protein	12.44	9.06		15.21
Carbohydrates	73.07	53.99		

DAILY RATION.

	Pouuds.	Fat.	Protein.	Carbohydrates.
Bread	1.47	.04	.14	.85
Butter	.20	.17		
Eggs	.52	.04	.09	
		.25	.23	.85

FOOD BALANCE.

	Dry Grams.			
Total Nutrients	1117.9	227.4	189.2	725.6
Feces	.62	10.5	10.5	17.9
Indigestible				
Eggs and Butter	7.9	5.7	1.34	
Indigestible Bread	54.1	4.8	16.6	
Digestion Co-efficient	93.7	87.1	86.4	96.8

NITROGEN BALANCE.

In food.....30.27 grams
Feces..... 3.13 grams
Urine.....20.29 grams

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In reviewing this digestion experiment, it is to be observed that it is not so much a question of accuracy of figures, as a question of to what extent these figures are applicable to other individuals. As it is impossible to find two pieces of machinery exactly the same in every detail, so it is with the human machine. If the same experiment was tried with another individual, what would be the result? An examination of digestion experiment results show that a variation of five per cent. when the same ration is fed to different individuals is not an uncommon occurrence.

Suppose the ration was varied, what would be the result? An example will illustrate this point. Konig, reports that when corn meal was used alone, only 58 per cent. of the protein was digested. With the addition of a small amount of cheese, the digestibility of the protein was found to be 93 per cent. If then, the figures given for the digestibility of food, are not constant, but vary with conditions, of what value are the figures. The figures given for the digestibility of foods, are calculated on a normal basis, and are intended to represent average digestion with reasonable combinations with other foods. When properly interpreted, digestive experiments give valuable results. Suppose it is desired to know the relative digestibility of butter and oleomargarine in order to test the accuracy of many statements regarding the digestibility of these two materials. Such an experiment was made by Mayer. An average German laborers' ration was used consisting of potatoes, 200 grams, bread, 400 grams, peas, 80 grams, condensed milk, 20 grams, sugar, 20 grams, cheese, 30 grams, beer, 330 grams, and butter, 72 grams. In the feces, 1.6 per cent of indigestible fat are obtained. Where oleomargarine was used in place of the butter, the feces contained 3.6 per cent. indigestible fat. Is it safe to draw conclusions? All of the conditions were the same except the one in question. It is certainly not safe to say that oleomargarine is as digestible as butter. Had the experiment been made on different individuals and with different combinations of foods, the same relative results would not have been obtained.

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Sometimes digestion co-efficients seem to be in opposition to our general opinion regarding foods. The dry matter of rice, for example, is given as 85 per cent. digestible, while that of cheese is 98 per cent. Rice is generally believed to be more digestible than cheese, and figures to the contrary seem ridiculous. The term digestible, as ordinarily applied to rice, means that it is readily digested. While it is true that rice is readily digested, there remains 15 per cent. of indigestible matter. On the other hand, cheese is slow of digestion, but when the process is completed, there is only two per cent. of indigestible material. The term, digestion co-efficients of foods have reference only to the completeness of the digestion process. The time required for the digestion of a food does not necessarily have anything to do with the completeness of the digestion.

Among the most valuable results obtained from digestion experiments, are the figures which show the amount of food required for sustaining life, producing growth, and for different amounts of labor.

The rational feeding of all kinds of live stock, has been developed along this line, but only recently have these same general laws been applied to the feeding of men. In the feeding of live stock, the scientific questions involved have been studied to such an extent that tables are given showing the amounts of different foods and nutrients required to produce growth or to do a given amount of work. If the same general principles were applied in human feeding, the results would doubtless be equally as noticeable.

In studying the amounts of food required by the body for different amounts of work, the element nitrogen, is taken as an indicator. When the body is properly supplied with food, the amount of nitrogen present in the excrements should equal the nitrogen in the food. When an equilibrium is established between the nitrogen of the waste products, and the nitrogen of the food, then the body is neither gaining nor losing in flesh. When the excrements contain more nitrogen than the food, then the body is sup-

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plying some of its own tissues for maintenance purposes.

An extended series of digestion experiments showing the income and the outgo of the food, has given us our dietary standards, and in time will give us a good rational system for the feeding of men. The introduction of the rational system of feeding live stock, has given such excellent results, it has produced better, stronger, and healthier individuals, and at a less expense, and it is hoped that the appreciation of the same general principles will be made in human feeding. In raising pigs for example, the feed during the growing period is different from the feed during the fattening period. In the feeding of growing children, this same principle should be applied.

An extended series of human digestive experiments will also aid in correcting some of the common errors in our dietary which have such a direct affect upon health. One of our most common dietary errors is the excessive use of either too concentrated, or too bulky foods. Either extreme is objectionable. A few examples of the affects of concentrated and bulk rations may be of interest. In one of our digestive experiments, a ration of six pounds of potatoes and four eggs per day was attempted. The ration contained all of the nutrients required by the body, but it was so bulky that it could not be consumed. The young man who attempted the ration, prespired most profusely, and gave it up. The ration was simply too bulky. If the six pounds of potatoes were decreased, and no other foods supplied, the ration would fail to supply the requisite amount of nutrients. In another experiment, a ration consisting largely of eggs and cheese was attempted, but had to be given up. The ration was too concentrated. The feces produced were small in amount and concentrated in composition.

The effects of concentrated and bulky rations upon animals are equally interesting. A pig was fed a ration consisting mainly of potatoes with a little oil meal. In a few days the pig left part of the potatoes, after licking off the oil meal, showing that as far as bulk was concerned, he had

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reached the limit of his capacity. In another experiment, pea meal, a very concentrated food, was fed. In a few days the pig became tired of the ration, and would consume sawdust or shavings with a greater relish than the pea meal. The experiment was continued a little over two weeks, and the result was a dead pig.

Another dietary error noticeable in digestion experiments is unbalanced combinations of foods. A combination may be made of two or more foods, so that the work of digestion is not properly distributed in the digestive tract. The fact that different foods are digested in different parts of the digestive tract should be constantly kept in mind. In a properly balanced ration, no one part of the digestive tract is over worked, while another part is idle. There is a general tendency in our dietary to use foods which cause a loss of digestive power, particularly the lower part of the digestive tract. There will no doubt be a Darwin some day, who will trace the loss of the digestive power in man.

Digestive experiments require a more extended study of the composition of foods, which will aid the solution of many food problems. The proteid bodies of foods called albuminoids by the older investigators constitutes a very complex group. The chemical and physical properties of the various proteid bodies are being studied with the promise of fruitful results. Some of the proteid bodies in grain, for example, are soluble in diluted acid solutions, while others are not, but are soluble in diluted alkaline solutions. The principle proteid of the pea and of the bean for example, is insoluble in dilute acids, but soluble in alkalies. Many of our foods which are slow of digestion, contain proteids which undergo the change to soluble forms only in the presence of dilute alkaline solutions, such as found in the lower part of the digestive tract. A more extended knowledge of the chemical and physical properties of the proteid and other compounds of foods will naturally suggest what foods are best suited to giving relief or requiring work of the different parts of the digestive tract.

Connected with human digestive experiments, are many

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allied problems, as the composition and comparative value of foods, and the amount of food required for different kinds of labor. Many of these topics should be discussed in a general way in our text books and studied in our high schools and colleges. The study of human foods and their uses is a subject that would be more valuable than many which are now pursued.

CORRESPONDENCE.

A. I. H.

The coming session of the American Institute of Homœopathy will be the fifty-fifth session in its history. Organized with scarcely a hundred of our fellows, to foster and spread the tenets of our school, it finds itself to-day the organized body of nearly, or quite, 30,000 acknowledged practitioners of the homœopathic faith. Yes, the entire body of the profession has been called upon the stage since the organization of this, our grand old Institute, the oldest national medical society in the United States. What has it done for us? It has inspired noble fathers with a courage, a faith, a conviction, and has given to us a heritage, a knowledge, a conception of the greatest law of cure, and a most remarkable place in the world as homœopathic physicians. It has raised the standard of medical education; it has moulded just and kindly legislation; it has swept away the barriers and opened to us every honorable place that awaits an honorable profession; it has given us a literature; it has made us what we are. And what have we, its children, done for the American Institute of Homœopathy? In its fifty-five years, perhaps 4,000 of the many thousand who in all these years have avowed allegiance to our master, have for a greater or lesser time been members of the Institute. But only the few have been faithful laborers over many years. The greater number have reaped where others have sown. We cannot believe it is aught but the carelessness and neglect

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of busy life; but had not the Institute moulded public opinion, corrected legislation, and builded for education, how many of us would have had the opportunities for a busy, prosperous life such as we have led?

We ask you, who, though brothers, are not members with us, to give to us your support, and to render unto the American Institute, which has cherished you and your interests, that which is its due. From you, fellow members, we ask special and personal work. We ask you in every city of the land, to arrange to meet your fellows in social gatherings or around the banquet board, on the evening of Wednesday, January 25th, 1899. Let the evening be given to the recalling of the past work of the American Institute, to plans and vows of loyalty for the future, to a seeking of new members, to a recognition of the strength of a united force, to the giving up of the selfishness and thoughtlessness of the individual, to the cultivation of a labor not only for ourselves, but also for others. The knowledge that on this one evening, throughout the breadth of our land, we are all giving ourselves to a common cause, may give to homœopathy and to the American Institute an impetus that shall enable her to place the child of her love and care on a foundation as firm as the granite hills. And may the medical press of February, 1899, give us reports of hundreds of meetings full of enthusiasm and loyalty, that shall sound from ocean to ocean.

EUGENE H. PORTER, Sec'y.

Recently gathered statistics place Minnesota in the front rank as a health resort; the death rate being but 9 in 1.000, or but half of the average rate of the United States. When it is considered that the rate in Chicago is 21 to 1,000, and in New York, 28, the advantages of residence in the great Northwest becomes strikingly apparent. An encouraging feature of these statistics is that they show a steady improvement in health conditions from year to year and they ought to stimulate the municipalities in the state to still further advance in sanitary science.

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MINNEAPOLIS

HOMŒOPATHIC MAGAZINE.

HENRY C. ALDRICH, M. D., EDITOR.

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The editors are responsible for the maintenance of the dignity and courtesy of the journal, but NOT for the opinions expressed by contributors. Requests for reprints should accompany manuscript. No discourteous or anonymous communications will be recognized.

All manuscripts, exchanges or books for review, should be addressed to HENRY C. ALDRICH, M. D., 313 Medical Block, Minneapolis.

All subscriptions and communications in reference to advertising, etc., should be addressed to D. D. LYNCH, 506 University Ave., N. E., Minneapolis, Minn

EDITORIAL

THE PROPOSED MEDICAL PRACTICE LAW.

In view of the fact that our osteopathic brethren are in the legislative field with a bill to legalize their method of practice; the medical profession fearing the possibility of their occupation being taken from them; and seeing, too, that under the wording of the bill to legalize osteopathy, its practitioners would escape the possibility of suit for mal-practice inasmuch as they expressly disclaim the practice of medicine or surgery; and, too, feeling that everyone who practices the healing art by whatsoever method, should be held responsible for such treatment before the law, have formulated a modified medical practice law which has ere this been introduced before both houses of the legislature.

This law bears the following title: "A bill for an act to regulate the practice of medicine and surgery, and the practice of the art of healing in all schools and by all systems

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of treatment in the State of Minnesota; and to license physicians and surgeons, and all persons engaged in such practice of the art of healing; and to punish persons violating the provisions of this act."

The act provides that every school or system of practice of the healing art, shall be represented on the Board of Examiners as follows: "Sec. I.—The governor of this state shall appoint a Board of Examiners to be known as the State Board of Medical Examiners, consisting of one member for each one-hundred, or a fraction of one-hundred practitioners of each recognized school or system of practice, not to exceed seven members for any one school or system, who shall hold office for three years after appointment, no member being eligible for more than two successive terms. The vote of nine members shall be required to refuse a license" etc. etc.

The requirements, as to length of time of study and attendance on lectures, allows graduates having had eighteen months of such instruction prior to January 1st, 1900, to apply for a license and does not affect medical men who graduated prior to July 1st, 1887, they being allowed to apply for a license as under the present law, The examination for a license shall be on the following subjects: Anatomy, physiology, chemistry, histology, pathology, obstetrics, and diagnosis. The license fee is raised from ten to twenty dollars, and a penalty clause is added, the lack of the latter being a weakness of the existing law.

Personally we are not in favor of examining boards, or if such things must exist, we would prefer that each school of practice have its own board; but under existing conditions and with the sentiment of the superior number in favor of such things we submit to the inevitable and simply say "may the best man win."

OUR UNIVERSITY MEDICAL SCHOOL.

The recognized difficulties in the way of the Homœopathic College of Medicine and Surgery do not make it impossible to develop a strong school. The entire northwest is interested in its fortunes, and no medical college in the country has a larger opportunity for effective work for

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homœopathy than our own. In college life, as in college life at large, there are compensations on the side of our advantages that offset the claims of other colleges of homœopathy and give to the University of Minnesota an opportunity equal to the most favored institutions.

There is to begin with, an elaborate and costly plant in buildings and appliances, outranking any of our colleges, unless it be one or two of the older colleges. There is behind the college a Board of Regents loyal to its highest interests. The president of the university is in close touch with the work and needs of the college, and is its faithful friend. The work and character of its graduates commend the college wherever they are known; its courses in both didactic and clinical work will bear detailed and critical comparison with like courses in any college of the United States; its faculty is loyal and enthusiastic, and is doing strong and effective work.

With these advantages the school is able to surmount the obstacles in its way, and there can be no doubt of its final success. Just now it is finding some practical difficulty in the fact that during the first two years in the elementary subjects, its students must recite with the students in the allopathic college. All of their instructors during these years are allopathic doctors, whose every influence is antagonistic to homœopathy. The allopathic students are incited to a like attitude, and intensify their power both by the force of larger numbers and by a college spirit of contempt for what they ignorantly call quackery. Added to this situation is the presence of the influence of "the crowd". Many people simply follow the crowd. Young men and women coming here with the express intention of taking the course in homœopathy, are induced to change to allopathy for no other reason than the large number of students in the allopathic college. Once having matriculated there, the teaching of the first two years fixes their associations and they remain. It is evident that this condition demands a radical corrective. A little time will doubtless point the way. In the meantime, the college,

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must come into more familiar relation; not alone with the medical profession, but with the people generally, and especially with those most closely identified with the education of the young men and women of the state. Its student body will thus increase and the number of its alumni be multiplied. We can see no good reason why the school may not become one of the large and strong colleges of the university, and do honor to the name of the state. When it is remembered that from a third to a half of the taxable property of the state is in the hands of those who are, or would be patrons of homœopathy there is sufficient reason for demanding a policy toward the college that shall insure its permanent growth. For this reason the members of our school of practice may be sure the College of Homœopathic Medicine and Surgery has come to stay.

OPHTHALMOLOGY AND OTOLOGY.

CONDUCTED BY

J. DAVIDSON LEWIS, M. D.

ST. PAUL, MINNESOTA.

Prominent among the symptoms of brain tumor is optic neuritis (choked disc,) which is, according to Krauss, present in 90 per cent. of all cases.

The appearance of the optic disc is not indicative of the site of the tumor nor is it influenced by the size or nature of the growth.

A slow-growing tumor may not be accompanied with neuritis, but rarely does the nerve escape in the rapid-growing variety. Krauss believes, that when the neuritis is unilateral, the site of the tumor is in the hemisphere corresponding to the nerve involved. Central vision remains unimpaired unless the neuritis is well marked—a fact that should not be lost sight of when brain tumor is suspected.

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The Progress of Otology—M. D. Lederman, M. D. *The Laryngoscope.*

The author gives a resume of what has been accomplished in the otological field during the few past years, naming the persistent efforts of clinical research as the foundation. He states that early and liberal incisions through tne drum membrane under antiseptic precautions is now recognized as a procedure of much assistance in preventing suppuration in catarrhal diseases of the middle ear.

After reciting a number of middle ear operations designed for the relief of persistent tinnitus, Dr. Lederman unites with most aural surgeons in discouraging such interference.

Regarding mastoid involvement, the author says that early operative measures are universally favored. When palliative treatment fails to give the desired results within forty-eight hours, surgical principles should be put into effect. Delayed action frequently results in extended invasion, which often ends seriously, for which reason postponement is without reason.

BOOKS.

OPHTHALMIC DISEASES AND THERAPEUTICS, by A. B. Norton, M. D. Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, etc. Second edition. Bœricke & Tafel, Philadelphia, 1898. Pp. 647. Price $5.00.

The first edition of this work has been thoroughly revised; several chapters have been entirely rewritten, and in its present form, embraces the additional knowledge gained in the field of ophthalmology during the seven years that have passed since Dr. Norton presented his first book to the profession. The second edition has been considerably augmented by several new chapters by the author, two by Dr. Helfrich and one by Dr. E. H. Linnell, all of which add materially to its value. The subject matter is well illustrated throughout—the color studies of a numbe

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of eye diseases, by Dr. A. H. Hart, being particularly well done. The second edition, like the first, is essentially practical and one of the most readable books written on the subject of ophthalmology.

J. D. L.

THERAPEUTICS OF FACIAL AND SCIATIC NEURALGIAS WITH REPERTORIES AND CLINICAL CASES, by F. H. Lutze, M. D. Bœricke & Tafel, Phil., 1898. Price $1.25 postage 7 cents.

This little volume is the result of years of study and observation of a practitioner who has had a large number of neuralgic cases to treat, and one who has taken many notes of his cases as well as made a careful study of his materia medica.

The volume is illustrated by appropriate clinical cases, gives the symptomatology of the various remedies for these dread affections, and contains also fine repertories of both the forms of neuralgias.

HISTORY OF THE HOMŒOPATHIC COLLEGE OF PENNSYLVANIA; THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF PHILADELPHIA. By Thomas Lindsley Bradford, M. D. Philadelphia. Bœricke & Tafel, 1898. Price $3.50, by mail $3.75.

This volume of over 900 pages will be hailed with delight by all of the graduates of the college, whose name is legion, and by all who are interested in the history of our school of practice, which history is so closely identified with that of the Mother of Colleges, as Hahnemann of Philadelphia, has been so aptly called.

The compiler, Dr. Bradford, needs no encomiums from us, his work speaks for itself. The volume was prepared to commemorate the fiftieth anniversary of the college which was the occasion of a great celebration in May, 1898, and certainly no history could be more complete than this.

E. B. Treat & Co. are now sole owners of that excellent journal the *Archives of Pediatrics.*

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NEWS AND NOTES.

Dr. Jas. W. and Florence N. Ward of San Francisco, sent out by mail some very pretty New Year Greetings to their friends.

Dr. C. B. Pillsbury of Owatonna, Minn., was a welcome visitor recently.

Dr. E. M. Hale of Chicago, died recently.

Dr. A. E. Higbee has recently returned from Philadelphia with his son Paul, a student at Hahnemann College in that city, who has been ill with typhoid, but who, we are glad to report, is convalescing.

Dr. A. P. Williamson, has been ill with the grip.

Dr. H. G. Woutat, University of Minnesota, '97, has located at Grand Forks, N. D., forming a partnership with Dr. S. W. Rutledge.

Dr. C. K. Stewart, formerly of Waterloo, Iowa, has removed to Brownsdale, Minn.

Dr. P. E. Triem of Manchester, Iowa, is acting as Prof. of Theory and Practice in the homœopathic college of Iowa University since Dr. W. H. Dickinson's death.

Dr. W. T. Stone, has removed from Winona, to Park Rapids, Minn.

Dr. J. C. Bowers has removed from Owatonna, Minn., to Cresco, Iowa.

Dr. Wm. Tod Helmuth of New York City, is now Prof. Emeritus, giving but one clinical lecture per week in the N. Y. H. M. C. & H.

Dr. Geo. W. Roberts has retired from all connection with the *N. A. Journal of Homœopathy*.

WISCONSIN NEWS AND NOTES.

Dr. A. E. Brauti of Hudson, Wisconsin, is now in Norway, called there by the sickness of relatives.

Dr. E. M. Kanouse of Wausau, Wisconsin, has been ill for several months.

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W. W. Irving, M. D., Hahnemann, '97, is conducting the business of Dr. E. W. Beebe during his long sickness. Dr. Beebe anticipates going south for his health.

Dr. A. R. F. Grob, President of the Wisconsin State Homœopathic Society, has a scheme in his head for starting a homœopathic college in Milwaukee.

Milwaukee claims the oldest living physician, Dr. Oliver P. Wolcott, 98 years old next April; with all his faculties, except that he can not see well, suffering from cataract. He rides out an hour or two every day.

The Pulmonary Sanatorium of Milwaukee, under the care of Drs. Carlson and Forsbeck, continues to obtain excellent results with the pneumo-chemic system.

Dr. A. R. F. Grob of Milwaukee, has removed to No. 406 Grove St.

Miss Rosamond McDermott, daughter of Prof. Geo. C. McDermott, of Pulte College, is to be married the last Wednesday in January, and Miss Edith Carlson of Milwaukee is to be one of the bridesmaids.

Milwaukee is the most poorly represented city (homœopathically speaking) of any of its size in the United States.

At the last meeting of the Milwaukee Academy of Medicine, Dr. Maybelle Park reported the cure of a nasal polypi with the 105 M of silecia. Verily the world do move.

A discovery recently made in Uganda by Dr. Macpherson, that strychnia is a specific against the effects of the poisoned arrows used in that country, is both interesting and valuable. Hitherto it has been supposed that the tetanus induced by the poison generally employed by the savages, was beyond prevention by any drug known to science. The discovery that injections of strychnine can be used as a prophylactic with almost perfect certainty, may, it is said, supply medical men at home with a hint for dealing with tetanus which is induced by other causes. Regulars, look out. This is homœopathy.—*Modern Medical Science.*

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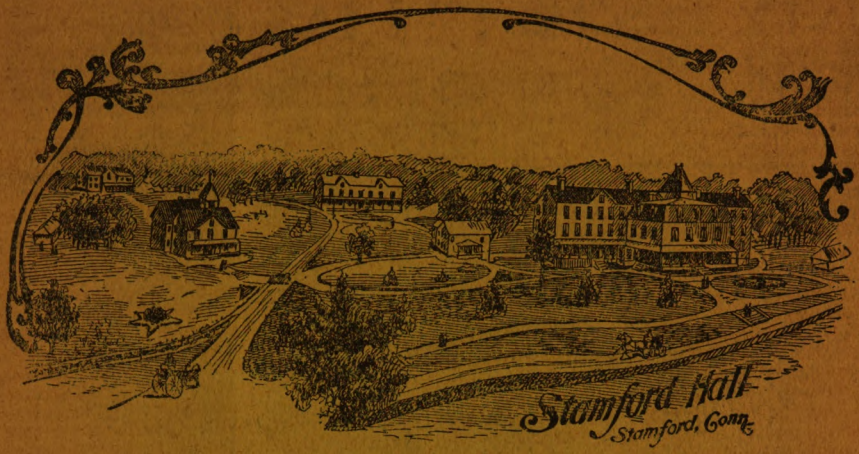

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